



Post-concussion Consent Form  
(RTP/RTL)



Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Year in School 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

**For School Use only**

Written statement is included with this consent from treating physician, advanced practice nurse (APN), physician assistant (PA) or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

**Cleared for RTL**

**Cleared for RTP**

Date \_\_\_\_\_

Date \_\_\_\_\_